Overview of Connecticut's School Nutrition Policies Pilot

Background

The School Nutrition Policies Pilot was funded through a 2003-2005 Team Nutrition grant from the U.S. Department of Agriculture (USDA) to the Connecticut State Department of Education (SDE). It was one of four activities intended to positively impact children's healthy eating and physical activity habits through a statewide healthy school environment initiative. The initiative focused on:

- building statewide awareness of and support for a healthy school environment;
- promoting obesity prevention strategies for schools;
- motivating and empowering school leaders to take action; and
- providing the training, resources and assistance needed for successful implementation in local school districts.

From January 2004 through June 2005, 10 school districts participated in the Connecticut Team Nutrition School Nutrition Policies Pilot. The pilots worked to develop, adopt and implement school nutrition and physical activity policies. The districts included:

- Farmington Public Schools
- Franklin Elementary School
- Killingly Public Schools
- Milford Public Schools
- Norwalk Public Schools
- Putnam Public Schools
- Regional School District #10
- Ridgefield Public Schools
- Salem Public School
- Windham Public Schools

Goal

The goal of the pilot was to develop best practice models to help districts develop local policies and action plans for implementing healthy eating and physical activity practices in schools.

Application Process

The School Nutrition Policies Pilot application packet was mailed to school districts in October 2003 with an application deadline of December 1, 2003. The 10 pilot districts were selected from 27 applications based on a variety of criteria, including statement of need; expected benefits; potential impact; goals and objectives; evidence of partnerships and collaboration; evidence of administrative support; understanding of project scope; commitment of resources; composition of proposed School Health Team; and district size and geographical location.

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Pilot Requirements

The pilot districts were required to meet the criteria indicated below.

1. Enroll participating schools as USDA Team Nutrition Schools (http://teamnutrition.usda.gov/team.html).

2. Develop a School Health Team using the Coordinated School Health model, focusing on the nutrition and physical education components. Teams included at a minimum:
   - school or district administrator (e.g., superintendent, principal or school board member);
   - health education coordinator or teacher (e.g., health, family and consumer sciences);
   - physical education coordinator or teacher;
   - food service director;
   - school nurse or nurse supervisor; and
   - Parent Teacher Association (PTA) or Parent Teacher Organization (PTO) parent representative.

   School Health Teams were also encouraged to include other members appropriate to local needs, such as curriculum supervisors, school counselors, other school staff members, students, nutrition/health consultants and community members.

3. Develop an action plan to provide and support a healthy school environment, through implementation of nutrition and physical activity policies that address:
   - a commitment to nutrition and physical activity;
   - quality school meals;
   - other healthy food options (e.g., vending, fundraising, classroom parties);
   - pleasant eating experiences (e.g., clean, safe and pleasant cafeteria, time to eat);
   - nutrition education; and
   - physical education.

   The action plan identified (1) the specific actions needed to meet each district objective; (2) the materials, resources and personnel needed for implementing each action; (3) timelines for achieving each action; and (4) how pilots would document each action was achieved. Each pilot submitted a draft of its action plan to SDE within the first six months of the project (by June 2004).

4. Promote Team Nutrition's four key messages and behavior outcomes for children:
   - eat a variety of foods;
   - eat more fruits, vegetables and grains;
   - eat lower-fat foods more often; and
   - be physically active.

5. Attend *Making the Connection: Healthy Kids Learn Better* summit (March 2004) and Team Nutrition quarterly support workshops (April 2004 to May 2005).

6. Complete a pre- and post-assessment survey. All team members completed a survey to evaluate the school nutrition environment in their district, both before and after the pilot project.

7. Complete a School Health Team final evaluation survey regarding the policy development process to summarize all activities that took place and provide an overview of how the process worked in the district.

Support Training

School Health Teams attended the State Department of Education's two-day summit, *Making the Connection: Healthy Kids Learn Better* (March 2004), which focused on strategies to promote student achievement by improving the school environment and policies related to healthy eating and physical activity. Nationally renowned speakers addressed a variety of topics, including the relationship between health and academic success, the Coordinated School Health approach, student health and education reform, the role of student health in No Child Left Behind, action steps for success, and models that work.

Four quarterly support workshops were also provided during the project to assist the School Health Teams with the policy development process. The workshops focused on a variety of topics to provide resources and support for team members during the policy development process. Each workshop was four hours in length, with the exception of the first workshop, which was a day-long session.

- *Tools for Schools: Let's Get Practical* (April 2004): Oriented teams to the use of resources to help districts implement policies and practices for a healthy school nutrition environment, including the *School Health Index, Changing the Scene,* and *Fit, Healthy and Ready to Learn.*
- *Building School Partnerships for Academic Success* (September 2004)*:* Overview of how districts can implement the Coordinated School Health model for better student health and learning.
- *Sharing Strategies for Success* (December 2004): Sharing and group discussion regarding each district's progress with the School Nutrition Policies pilot, including challenges, successes and strategies for districtwide adoption, support and promotion of local policies.
- *Putting the Pieces Together* (May 2005): Sharing and group discussion on completion of the policy development process, and next steps and resources for moving forward with policy implementation.

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Support Resources

School Health Teams received materials and other resources to support policy development and implementation. The pilots were provided with several key resources to assist with the policy development process.

- *School Health Index for Physical Activity and Healthy Eating – A Self Assessment and Planning Guide*. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2005. http://apps.nccd.cdc.gov/shi/
- *Fit, Healthy and Ready to Learn: A School Health Policy Guide. Part I: Physical Activity, Healthy Eating and Tobacco-Use Prevention*. National Association of State Boards of Education, March 2000. http://www.nasbe.org/healthyschools/fithealthy.html
- *Changing the Scene: Improving the School Nutrition Environment*. U.S. Department of Agriculture, 2000. http://www.fns.usda.gov/tn/healthy/changing.html
- *Stories from the Field: Lessons Learned About Building Coordinated School Health Programs.* Centers for Disease Control and Prevention, 2003. http://www.cdc.gov/HealthyYouth/publications/stories.htm
- *Promoting Healthy Youth, Schools and Communities: A Guide to Community-School Health Advisory Councils*. Iowa Department of Public Health, 2000. http://www.idph.state.ia.us/hpcdp/promoting_healthy_youth.asp
- *Step by Step to Coordinated School Health Program Planning Guide.* ETR Associates, 2005. http://pub.etr.org/
- *Healthy School Environment Handout Series: Healthy Fundraising, Healthy Celebrations, Alternatives to Food as Reward*. Connecticut State Department of Education. http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm
- *Healthy School Nutrition Environment Resource List.* Connecticut State Department of Education. http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm
- *List of Nutrition-Related Websites.* Connecticut State Department of Education. http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm

An e-mail distribution group provided another support resource for the School Health Teams. All team members received regular e-mails with updates on resources, programs and other information related to nutrition, physical activity, policy development and student achievement.

Funding

Each district received a stipend of $3,500 for the 18-month pilot. These funds primarily covered substitute pay and travel for members of the School Health Team to attend trainings and meetings, both within the district and at the state level. Districts could also spend the funds on appropriate resources and copying, distribution and promotion of policy materials.

Pilot Results

Existence of School Health Team

The majority of the pilot districts (80 percent) did not have a School Health Team in place prior to the pilot project. Of the two districts that did have a School Health Team in place, neither addressed physical activity issues and only one addressed nutrition issues.

School Health Team Membership

The School Health Teams ranged in size from 6 to 11 members. Table 1 summarizes the percentages of the 10 teams with representation from each member group.

Table 1. Representation on School Health Teams

Team Member	Percent of Teams with Member
Health Educator	90%
Physical Education Teacher	90%
School Nurse	90%
School Food Service	90%
Parent Representative	90%
School Principal or Assistant Principal	70%
Health and Physical Education Coordinator	40%
Family and Consumer Sciences Teacher	40%
School Board Member	40%
Community Group Representative*	40%
Dietitian	30%
Social Worker	10%
School Superintendent	10%
Curriculum Director	10%
Other Teacher (math)	10%
Other Teacher (special education)	10%
Local Health Department Representative	10%
Chef	10%
Family Resource Center Staff	10%
School-Based Health Center Staff	10%

* Included representatives from the American Cancer Society, local health department and local hospitals

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Importance of Member Representation

Each of the School Health Teams rated team member categories in terms of how critical it was to the policy development process to have representation from each group. Each member category was rated on a scale of "Not Critical" (0) to "Extremely Critical" (3). The top rated team members (indicated by a rating of 2.0 or higher) included school food service, parent representative, health educator, physical education teacher, school nurse and school principal or assistant principal. The results are summarized in Table 2.

Table 2. Rating of Importance of Member Representation

Scale: Not Critical (0), Somewhat Critical (1), Critical (2), Extremely Critical (3)	
Team Member	**Average Rating**
School Food Service	2.7
Parent Representative	2.5
Health Educator	2.4
Physical Education Teacher	2.3
School Nurse	2.3
School Principal or Assistant Principal	2.3
Health and Physical Education Coordinator	1.9
Family and Consumer Sciences Teacher	1.7
Dietitian	1.6
School Board Member	1.5
Community Group Representative	1.2
Local Health Department Representative	1.2
School Superintendent	0.9
Curriculum Director	0.9
Other Members (included PTO representative, Family Resource Center staff, students and School Store Advisor)	0.7
Social Worker	0.5
Guidance Counselor	0.5

Policy Adoption

Three of the pilot districts had their policies adopted by their boards of education by completion of the pilot project in September 2005. Of the seven districts that did not adopt the policies during the pilot timeframe, six will be completing the process in the 2005-2006 school year. One district's policy was approved by the superintendent in December 2005 and five districts will be bringing the policies to their boards for adoption during the 2005-2006 school year. One district is still working on the policy development process.

Time for Team Meetings

During the pilot timeframe, the majority of School Health Teams met from 8 to 12 times with most meetings lasting 1 to 2 hours. Some districts also used longer sessions on professional development days for the School Health Team to complete a large portion of their work. Some teams developed small subcommittees to work on draft policy language outside of the scheduled team meeting time.

Continuation of School Health Team

Nine of the districts (90 percent) indicated that they would continue their School Health Team after completion of the pilot project. Plans for future tasks included policy promotion and implementation; staff training; planning events and activities for school and community; and expanding the team to include additional members and address new issues.

Barriers to Policy Development

Each School Health Team was asked to rate perceived barriers to the policy development process, on a scale of "never a barrier" (0) to "always a barrier" (2). The pilots indicated that the greatest barrier to policy development was irregular meeting attendance by team members, followed by finding time to hold team meetings. Insufficient administrative support, lack of "buy-in" or support from school staff members, and turnover of team members were not frequently encountered barriers. The pilot districts did not consider insufficient funding and insufficient training to be barriers to the policy development process. Some of the districts indicated other barriers, including:

- administration not making top-down recommendations;
- team members having their own agendas;
- lack of a physical education administrator;
- inflexibility of the food service department in making changes; and
- lack of health/nutrition curriculum information.

The results are summarized in Table 3.

Table 3. Perceived Barriers to Policy Development

Scale: Never (0), Sometimes (1), Always (2)	
Barrier	**Average Rating**
Irregular meeting attendance by School Health Team members	1.2
Finding time to hold School Health Team meetings	0.9
Insufficient administrative support for the policy development process	0.7
Lack of "buy-in" or support from school staff members	0.6
Turnover of School Health Team members	0.5
Insufficient funding for the policy development process	0.3
Insufficient training on policy development	0.3
Insufficient materials and resources on policy development	0.0

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Policy Development Resources

Each School Health Team was asked to rate the resources used in terms of their value to the policy development process (see Table 4 below). The *School Health Index* was rated as the most valuable resource, with 70 percent of the pilots rating it as "extremely valuable." Other policy development resources rated as valuable (2.0 or higher) included resources at workshops, technical assistance provided by SDE, support workshops, e-mail information, *Fit, Healthy and Ready to Learn* and the SDE healthy school nutrition environment handout series.

Table 4. Usefulness of Policy Development Resources

Scale: Not Valuable (0), Somewhat Valuable (1), Valuable (2), Extremely Valuable (3)	
Resource	**Average Rating**
School Health Index (Centers for Disease Control and Prevention)	2.5
Resources provided at SDE's workshops	2.4
Technical assistance provided by SDE (e.g., phone support, additional materials, etc.)	2.4
SDE's support workshops (*Tools for Schools: Let's Get Practical, Building School Partnerships for Academic Success, Sharing Strategies for Success*, and *Putting the Pieces Together)*	2.4
Resources provided via e-mail distribution group	2.3
Fit, Healthy and Ready to Learn (National Association of State Boards of Education)	2.1
Alternatives to Food as Reward Handout (Connecticut State Department of Education)	2.2
Healthy Fundraising Handout (Connecticut State Department of Education)	2.2
Step-By-Step Guide to Coordinated School Health (ETR Associates)	1.7
Promoting Healthy Youth, Schools and Communities: A Guide to Community-School Health Advisory Councils (ACS and Iowa Department of Public Health)	1.3
Changing the Scene (U.S. Department of Agriculture)	1.1

Policy Promotion Strategies

The School Health Teams used a variety of strategies to promote their policies to students, families, school staff members and the community (see Table 5). All of the pilots held meetings for parents and provided a newsletter to update parents on activities related to the policy development process. Most districts (90 percent) held meetings with school staff members. The majority also used the media, parent mailings, school newsletter, school district website and e-mails to school staff members. Sixty percent held meetings with community groups, and 50 percent included information in staff and parent handbooks.

Table 5. Strategies Used to Promote Policies

Strategy	Percent of Pilots
Meetings with parents	100%
Newsletter for parents	100%
Meetings with school staff members	90%
Meetings with board of education	80%
Media (newspapers, television, radio)	80%
Mailings to parents	80%
Newsletter for school staff members	80%
School district website	70%
E-mails to school staff members	70%
Meetings with community groups	60%
Staff handbook	50%
Parent handbook	50%
Other (Staff informational packet on student nutrition and physical activity)	10%

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Benefits of Participating in the School Nutrition Policies Pilot

All of the pilots indicated that the following were benefits of participating in the policy development process:

- improved communication among different school staff disciplines;
- improved understanding regarding the challenges of different school disciplines, e.g., teaching, food service and nursing;
- formation of a School Health Team;
- improved coordination of school health activities;
- improved administrative support;
- increased awareness among school staff members regarding the importance of nutrition and physical activity;
- increased awareness among parents regarding the importance of nutrition and physical activity;
- improved school practices regarding nutrition and physical activity; and
- increased access to resources on nutrition, physical activity and health/achievement.

Eighty percent of the pilots also indicated that increased awareness among students regarding the importance of nutrition and physical activity was a benefit. Two districts indicated other benefits, including:

- seeing the changes and thought process involved in improving the school environment; and
- dramatic overall improvement in districtwide awareness, with plans for formation of a health team in all schools throughout the district.

Pilots' Perceptions of Results

The School Health Teams were asked to rate several statements regarding the pilot project on a scale of "strongly disagree" (1) to "strongly agree" (4). Table 6 ranks these statements by overall average rating. The teams rated the SDE technical assistance and the e-mail group as highly valuable to the policy development process. The majority of the pilots either "strongly agreed" (50 percent) or "agreed" (40 percent) that the district benefited from the pilot. Thirty percent of the districts "strongly agreed" and 60 percent "agreed" that they accomplished the pilot objectives. As indicated by a rating of 3.0 or higher, the pilots also agreed that:

- our administration provided the needed support to accomplish our goals;
- we have a more coordinated approach to promoting student health; and
- collaboration between different school groups (e.g., teachers, food service, nurse, administrators, etc.) is enhanced.

The pilots' ratings indicated that they felt it would have been more difficult to complete the project without the stipend or the support workshops.

Table 6. School Health Teams' Perception of Pilot Results

Scale: Strongly Disagree (1), Disagree (2), Agree (3), Strongly Agree (4)	
Statement	**Average Rating**
The technical assistance provided by the State Department of Education was valuable in helping us to complete the policy development process.	3.4
The School Nutrition Policies e-mail group provided valuable information to our team.	3.4
The pilot project has benefited our school district.	3.3
Our School Health Team accomplished the pilot project objectives.	3.2
Our administration provided the needed support to accomplish our goals.	3.1
We have a more coordinated approach to promoting student health.	3.0
Collaboration between different school groups (e.g., teachers, food service, nurse, administrators, etc.) is enhanced.	3.0
Our accomplishments will be sustainable after completion of the pilot project.	2.9
Without the pilot project, it would have been difficult for us to develop our policy.	2.9
School staff members provided the needed support to accomplish our goals.	2.7
We would have been able to accomplish the same results if we were not part of the pilot.	2.2
We could have completed the project without the stipend.	1.8
We could have completed the project without the support workshops.	1.8

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Pilot District Profiles

This section contains an individual district profile for each of the 10 School Nutrition Policies pilot districts. These profiles provide information on the actual "how-to" of the policy development process, as experienced by each of the pilot districts. Each profile includes:

- contact Information;
- district information (number of schools, enrollment and Education Reference Group*)
- composition of the local School Health Team;
- steps and strategies used;
- activities conducted;
- challenges encountered;
- successes achieved;
- critical resources;
- successful team characteristics;
- evaluation methods;
- recommendations for success; and
- resulting policy document, if available.

Each of the districts took an individualized approach to the policy development process. Some districts were not able to present the policies for board of education adoption during the pilot timeframe. Some policies are still in draft form, pending approval during the 2005-2006 school year.

Note: Inclusion of the pilot districts' policies in the *Action Guide for School Nutrition and Physical Activity Policies* does not imply endorsement by the Connecticut State Department of Education. The sample policies included in this section contain various degrees of detail in the areas addressed. While not all of the policies contain all of the "model" language suggested in this guide, each district was successful in gaining an understanding of the steps, strategies and resources involved in policy development. Their challenges, successes and recommendations provide useful guidance for other districts to follow as they work through their own policy development process at the local level.

* The Education Reference Groups (ERGs) were developed by the State Department of Education to assist in reporting and analyzing school district data and compare groups of districts that have similar characteristics. The state's school districts have been divided into nine groups, based on socioeconomic status, indicators of need and enrollment. Because both the socioeconomic status and needs of people in neighborhoods or schools within a district vary significantly, ERGs are only used to compare data which are aggregated to the district level. http://www.csde.state.ct.us/public/csde/reports/ERGbyDistrict.asp